



General Assembly

January Session, 2017

***Raised Bill No. 7123***

LCO No. 3910

\* \_\_\_\_\_HB07123INSAPP031017\_\_\_\_\_\*

Referred to Committee on INSURANCE AND REAL  
ESTATE

Introduced by:  
(INS)

***AN ACT LIMITING CHANGES TO HEALTH INSURERS'  
PRESCRIPTION DRUG FORMULARIES.***

Be it enacted by the Senate and House of Representatives in General  
Assembly convened:

1       Section 1. Section 38a-492f of the general statutes is repealed and the  
2       following is substituted in lieu thereof (*Effective January 1, 2018*):

3       Each individual health insurance policy providing coverage of the  
4       type specified in subdivisions (1), (2), (4), (11), [and] (12) and (16) of  
5       section 38a-469 delivered, issued for delivery, renewed, amended or  
6       continued in this state that provides coverage for outpatient  
7       prescription drugs shall not [deny coverage for an insured for any  
8       drug that the insurer removes from its list of covered drugs, or  
9       otherwise ceases to provide coverage for, if (1) the insured was using  
10      the drug for the treatment of a chronic illness prior to the removal or  
11      cessation of coverage, (2) the insured was covered under the policy for  
12      the drug prior to the removal or cessation of coverage, and (3) the  
13      insured's attending health care provider states in writing, after the  
14      removal or cessation of coverage, that the drug is medically necessary  
15      and lists the reasons why the drug is more medically beneficial than

16 the drugs on the list of covered drugs. Such benefits shall be subject to  
 17 the same terms and conditions applicable to all other benefits under  
 18 such policies] remove any covered prescription drug from its list of  
 19 covered drugs or reclassify or place the drug in a higher cost-sharing  
 20 tier for the duration of the policy term, except a covered prescription  
 21 drug may be removed from the list if the drug is identified as no  
 22 longer safe and effective by the federal Food and Drug Administration  
 23 or by peer-reviewed medical literature generally recognized by the  
 24 relevant medical community. Nothing in this section shall be  
 25 construed to prohibit the addition of prescription drugs to such  
 26 policy's list of covered drugs during a policy term, provided the  
 27 addition shall not affect such covered prescription drugs, or the  
 28 classification or cost-sharing tier of such drugs, already on the list  
 29 during the policy term.

30 Sec. 2. Section 38a-518f of the general statutes is repealed and the  
 31 following is substituted in lieu thereof (*Effective January 1, 2018*):

32 Each group health insurance policy providing coverage of the type  
 33 specified in subdivisions (1), (2), (4), (11), [and] (12) and (16) of section  
 34 38a-469 delivered, issued for delivery, renewed, amended or continued  
 35 in this state that provides coverage for outpatient prescription drugs  
 36 shall not [deny coverage for an insured for any drug that the insurer  
 37 removes from its list of covered drugs, or otherwise ceases to provide  
 38 coverage for, if (1) the insured was using the drug for the treatment of  
 39 a chronic illness prior to the removal or cessation of coverage, (2) the  
 40 insured was covered under the policy for the drug prior to the removal  
 41 or cessation of coverage, and (3) the insured's attending health care  
 42 provider states in writing, after the removal or cessation of coverage,  
 43 that the drug is medically necessary and lists the reasons why the drug  
 44 is more medically beneficial than the drugs on the list of covered  
 45 drugs. Such benefits shall be subject to the same terms and conditions  
 46 applicable to all other benefits under such policies] remove any  
 47 covered prescription drug from its list of covered drugs or reclassify or  
 48 place the drug in a higher cost-sharing tier for the duration of the

49 policy term, except a covered prescription drug may be removed from  
50 the list if the drug is identified as no longer safe and effective by the  
51 federal Food and Drug Administration or by peer-reviewed medical  
52 literature generally recognized by the relevant medical community.  
53 Nothing in this section shall be construed to prohibit the addition of  
54 prescription drugs to such policy's list of covered drugs during a  
55 policy term, provided the addition shall not affect such covered  
56 prescription drugs, or the classification or cost-sharing tier of such  
57 drugs, already on the list during the policy term.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>January 1, 2018</i>	38a-492f
Sec. 2	<i>January 1, 2018</i>	38a-518f

***INS******Joint Favorable C/R******APP***